|                        | 20                                 | 06  |  | tana Indiv                      |            |            |              |           |   |          |               |                | Form 2M<br>Montana |
|------------------------|------------------------------------|---|--|---------------------------------|------------|------------|--------------|-----------|---|----------|---------------|----------------|--------------------|
| •                      | Amer<br>Retur                      |   | Your first name  | and initial                     | Last       | name       |              |           | Deceased                                    | Your so  | cial security | number         |                    |
|                        |                                    | ck the box  | Spouse's first n   | name and initial                | Last       | Last name  |              |           | Deceased                                    | Spouse   | 's social sec | urity number   |                    |
|                        | abov                               | e if this is  | Hanna addasas  | /                               | 4\         |            |              |           |   |          | 01-1-         | 7: 4           |                    |
|                        | i e                                | amended<br>eturn.   | Home address   | (number and stre                | eet)       |            |              |           | City  |          | State         | Zip+4          |                    |
|                        | Filin                              | g Status  | (check only o  | one box)                        | 1 S        | Single     | 2            | Mar       | rried filing                                | jointly  | 3             | Head of        | Household          |
|                        | 4                                  | X Resid   | lent full year (   | (To be used only                | by full ye | ear Mo     | ntana reside | ents. Nor | residents an                                | d Part-Y | ear residents | s are required | to use Form 2).    |
|                        |                                    | nptions   |  |                                 |            |            |              |           |   |          |               | ı              |                    |
|                        |                                    |   |  | 65 or older                     |            |            |              |           | Enter r                                     |          |               |                | 5a                 |
| 5b<br>5c               |                                    |   |  | 65 or older                     |            | SSN SING   |              |           | Enter number checked  Relationship Disabled |          |               |                | 5b                 |
| 30                     | Dependent's first name Last name   |   |  |                                 |            |            | 3311         |           | Relations                                   | ыпр      | Disabled      | _              |                    |
|                        |                                    |   |  |                                 |            |            |              |           |   |          |               | <u>-</u>       |                    |
|                        |                                    |   |  |                                 |            |            |              |           |   |          |               |                | 5c                 |
|                        |                                    |   |  | e instructions.                 |            | es 5a      | thru 5c and  | d enter   |   |          |               |                | 5d                 |
| En                     |                                    |   |  | your federal res, etc. Attach f |            | Form       | (a) \\\ 2 4  |           |   |          |               |                | ntry, leave blank. |
|                        |                                    |   |  | tach federal S                  |            |            |              |           |   |          |               |                | 7a                 |
|                        |                                    |   |  | Do not includ                   |            |            |              |           |   |          |               |                |                    |
| a)                     |                                    |   |  | Attach federa                   |            |            |              |           |   |          |               |                | 8a                 |
| Ē                      |                                    |   |  |                                 |            |            |              |           | Sb di                                       |          |               |                |                    |
| Income                 |                                    |   |  | . Attach fede                   |            |            | D if requ    | ired      |   |          | 4             |                | 9                  |
| (A)                    | 10a                                | Dencion   | tributions   | ies                             | 112        | : <u> </u> |              |           | W   |          | unt<br>unt    |                | 10b<br>11b         |
| Gros                   |                                    |   |  | pensation                       |            |            |              | Ž         |   |          |               |                | 110                |
|                        |                                    |   |  | fits                            |            |            |              |           |   |          | unt           |                | 13b                |
| ste                    | 14                                 | Add and   | d enter amou   | nts in the far                  | ight co    | lumn       |              |           |   |          |               |                |                    |
| Adjusted               |                                    | Penalty on early withdrawal of savings.   |  |                                 |            |            |              |           |   |          | 14            |                |                    |
| ĕ                      | 15                                 | Penalty   | on early with  | idrawal of sav                  | ings       |            |              |           |   |          |               | 15<br> 16      |                    |
| Federal                | <ul><li>16 IRA deduction</li></ul> |   |  |                                 |            |            |              |           |   |          |               |                |                    |
| ed                     |                                    |   |  |                                 |            |            |              |           |   |          |               | 17<br>  18     |                    |
| ш                      |                                    | 3 Jury duty pay you gave your employer  |  |                                 |            |            |              |           |   |          |               |                |                    |
|                        |                                    | income  |  |                                 |            |            |              |           |   |          |               |                | 19                 |
|                        | 20                                 | Subtract line 19 from line 14 and enter the result here. This is your federal adjusted gross income                   |  |                                 |            |            |              |           |   |          |               | 20             |                    |
|                        | 21                                 | Interest  | and municing   | al fund divide                  | nds sta    | te co      | ounty or m   | nunicin   | al  |          |               | •              | 20                 |
|                        | - '                                |   |  | ites                            |            |            |              |           |   |          |               | 21             |                    |
|                        |                                    | Taxable   | e federal refur  | nd                              |            |            |              |           |   |          |               | 22             |                    |
| Ø                      |                                    |   |  | xable social s                  |            |            |              |           |   |          |               | 23             |                    |
| Income                 |                                    |   |  | s account non                   |            |            |              |           |   |          |               | 24             | 1                  |
| ncc                    | 25                                 | 5 Add lines 21 through 24 and enter the result here. This is your Montana additions to federal adjusted gross income  |  |                                 |            |            |              |           |   |          |               |                | 25                 |
| SS                     | 26                                 |   |  | dividends from                  |            |            |              |           |   |          | ······        |                |                    |
| ros                    | -                                  |   |  |                                 |            |            |              |           |   |          |               | 26             |                    |
| Montana Adjusted Gross |                                    | Exempt unemployment compensation  |  |                                 |            |            |              |           |   | 27       |               |                |                    |
|                        |                                    | Partial pension and annuity income exemption  |  |                                 |            |            |              |           |   | 28       |               |                |                    |
| <b>Jju</b> š           |                                    | Partial interest exemption for taxpayers 65 and older  Exemption for certain taxed tips and gratuities                |  |                                 |            |            |              |           |   | 29<br>30 |               |                |                    |
| Ă                      |                                    |   |  |                                 |            |            |              |           |   | 30<br>31 |               |                |                    |
| ana                    |                                    |   | tion for federal taxable social security/Tier I Railroad |                                 |            |            |              |           |   |          | -             |                |                    |
| Inte                   |                                    | Retirem   | ent.   |                                 |            | •          |              |           |   |          |               | 32             |                    |
| Σ                      |                                    |   |  | al taxable Tie                  |            |            |              |           |   |          |               | 33             | 1                  |
|                        | 34                                 | Add lines 26 through 33 and enter the result here. This is your Montana subtractions                                  |  |                                 |            |            |              |           |   |          |               |                |                    |
|                        | 35                                 | from federal adjusted gross income  5 Add lines 20 and 25, then subtract line 34. This is your Montana adjusted gross |  |                                 |            |            |              |           |   |          |               |                | 34                 |
|                        | _                                  | income  |  |                                 |            |            | youi         |           |   |          |               |                | 35                 |

| Forr  | n 2   | 2M, Page 2 -  | - 2006               | Social Sec         | urity Nu  | ımber:           |                    |        |                       |        | _                   |                  |                    |            |                |         |           |          |
|---|---|---|----------------------|--------------------|-----------|------------------|--------------------|--------|-----------------------|--------|---------------------|------------------|--------------------|------------|----------------|---------|-----------|----------|
| ome   | 36 Montana adjusted gross income from line 35.  Deductions Check only one (A) Standard Deduction: (A)   |   |                      |                    |           |                  |                    |        |                       |        |                     |                  |                    |            | 36             |         |           |          |
| Taxable Income  |   | (B) Itemized Deductions (from Form 2M, Schedule I, line 30): (B)  |                      |                    |           |                  |                    |        |                       |        |                     | •••••            | 37<br><br>39       |            |                | 38      |           |          |
|   | 40 Subtract line 39 from line 38 and enter the result here. If zero or less, enter zero. This is your taxable income.   |   |                      |                    |           |                  |                    |        |                       |        |                     | ur<br>           |                    |            | 40             |         |           |          |
| Тах   | 4   | <b>42</b> 1% capit  | al gains t           | ax credit.         |           |                  |                    |        |                       |        |                     |                  |                    |            | 41<br>42       |         |           |          |
| ř   |   | <ul> <li>43 Subtract line 42 from 41 and enter the result here. If zero or less, enter zero. This is your resident tax after capital gains tax credit.</li> <li>44 Nonrefundable single-year credits from Form 2M, Schedule II, line 5</li> </ul>                   |                      |                    |           |                  |                    |        |                       |        |                     |                  |                    |            | 43             |         |           |          |
| ທູ  |   | <b>14</b> Nonrefur<br><b>15</b> Nonrefur  |                      |                    |           |                  |                    |        |                       |        |                     |                  |                    |            | 44<br>45       |         |           |          |
| Credits   |   |   |                      |                    |           |                  |                    |        |                       |        |                     |                  | able cr            | edits      |                |         |           | 46       |
|   |   | <ul> <li>46 Add lines 44 and 45 and enter the result here. This is your total nonrefundable credits</li> <li>47 Subtract line 46 from line 43 and enter the result here. If zero or less, enter zero. This is your total tax after nonrefundable credits</li> </ul> |                      |                    |           |                  |                    |        |                       |        |                     |                  |                    |            | 47             |         |           |          |
| S   | 2   | 48 Montana  | income t             | ax withhe          | eld. At   | tach fede        | ral For            | m(s) \ | N-2 and               | 109    | 9                   |                  |                    |            | 48             |         |           |          |
| ent<br>feed   | ב<br>ב<br>ב   | 48 Montana income tax withheld. Attach federal Form(s) W-2 and 1099   |                      |                    |           |                  |                    |        |                       |        |                     | 49<br>50         |                    |            |                |         |           |          |
| ayn   | 5 5   | <b>51</b> Elderly H   | lomeown              | er/Renter          | Credi     | from For         | m 2M,              | Sche   | dule II, I            | line   | 7                   |                  |                    |            | 51             |         |           |          |
| <u>а</u> ;  | ē ,   | 52 Add lines 48 through 51 and enter the result here. This is your total payments/offsets   |                      |                    |           |                  |                    |        |                       |        |                     |                  |                    |            |                | 52      |           |          |
|   |   | 53 Interest on underpayment of estimated taxes. (See instructions on page ??)   |                      |                    |           |                  |                    |        |                       |        | 53                  |                  |                    |            |                |         |           |          |
| est,  | 2 ;   | 54 Late file, late pay penalties and interest. (See instructions on page ??)  |                      |                    |           |                  |                    |        |                       |        |                     | 54<br>55         |                    |            |                |         |           |          |
| ter.  | 5 ;   | 55 Medical Care Savings Account 10% penalty   |                      |                    |           |                  |                    |        |                       |        |                     |                  |                    |            |                |         |           |          |
| Penalty, Interest,  |   | Nongam  | e wildlife<br>Jram   | Child a prever     | buse      | Agricult<br>scho | ture in            | End    | -stage ren<br>disease | nal    | Sum of<br>through   | 1                |                    |            |                |         |           |          |
| Pen   | 3,  | 56a)<br>57 Add lines  |                      | 56b)               | 6 and a   | 56c)             | oult bo            | 56d)   | ia ia tha             |        | 56d                 |                  | lal tax            | nanaltia   | 56             |         |           | _        |
|   | •   |   |                      |                    |           |                  |                    |        |                       |        |                     |                  |                    |            |                |         |           | 57       |
| You Owe   | interest and contributions.  58 If line 57 is more than line 52, enter the difference here. This is the amount you owe. Make check payable to MONTANA DEPARTMENT OF REVENUE or visit our website at <a href="https://www.mt.gov/revenue">www.mt.gov/revenue</a> to pay by credit card or E-check. |   |                      |                    |           |                  |                    |        |                       |        |                     | ke<br>I <u>e</u> |                    |            |                |         |           |          |
| ou<br>G   |   | το pay by<br>59 If line 57  |                      |                    |           |                  |                    |        |                       |        |                     |                  |                    |            |                |         |           | 58<br>59 |
| T T   |   | 60 Enter the  |                      |                    |           |                  |                    |        |                       |        |                     |                  |                    |            |                |         |           | 60       |
| Amount  |   | <b>61</b> Subtract  | lines 60 t           | from line          | 59 and    | enter the        | e result           | here   | . This is             | s yo   | ur re               | fund.            |                    | <u></u>    |                |         |           |          |
| RTN   | J#  |   |                      | depos              | ACCT      | your RTN<br>#    | # and <i>F</i><br> |        | # below.              |        | : msu t             |                  | · , }              | checki     | ŭ              |         |           | 61       |
|   |   | icable, check   | appropriat           | te box.            |           | ne, address      | and tele           | phone  | number of             | paid   | prepa               | rer.             |                    |            | Exten          |         | Check the | is box   |
| Annualized estimated payments   |   |   |                      |                    |           |                  |                    |        |                       | federa | I Form              | 4868 to r        | eceive             |            |                |         |           |          |
| Do not mail 2007 forms and instructions  SSN, FEIN or PTIN:  May the DOR discuss this return with your tax preparer? Yes No Questions? Call (406) 444-6900 or TDD (406) 444-2830 for hearing impair |   |   |                      |                    |           |                  |                    |        |                       |        |                     |                  |                    |            |                |         |           |          |
| X   | CI I  | C DOTT discust  | s triis return       | i with your t      | ах рісре  | iici: ics        | 140                |        | guestions:            | · Oai  | <b>X</b>            | 444-00           | 00 01 11           | JD (400) - | 77-200         | 101 110 | aring imp | Janca.   |
|   | olo   | Your signa  |                      |                    | na that t | Date             |                    |        | phone nu              |        | er                  |                  |                    | e's signat |                |         | Dat       | te       |
|   |   | are under per   | But not              | se sweam<br>Multip |           |                  | atiOH IH           |        | turn and              |        | But no              |                  | ue, cor<br>Multipl |            | comple         | ıc.     |           |          |
|   |   | ome is Over   | Over                 | by                 | _         | d Subtrac        | t = tax            | Inco   | ome is Ov             | er     | Over                |                  | by                 | and        |                | act =   | tax       |          |
| \$<br>\$  |   | 0<br>2,400  | \$ 2,400<br>\$ 4,300 | 1%<br>2%           |           | \$ 0<br>\$ 24    |                    |        | 8,800<br>1,300        |        | \$ 11,31<br>\$ 14,5 |                  | 5%<br>6%           |            | \$ 22<br>\$ 33 |         |           |          |
| \$  |   | 4,300   | \$ 6,500             | 3%                 |           | \$ 67            |                    |        | 4,500                 |        |                     |                  | 6.9%               |            | \$ 46          |         |           |          |

\$ 6,500 \$ 8,800 4% \$ 132

|                           |            |              | Schedule I: Montana Itemized Deductions Enter on the corresponding line your itemized deductions. File Schedule I with your Montana Form 2M.  |                |                |
|---------------------------|------------|--------------|---|----------------|----------------|
| Medical and<br>Dental     | Expenses   | 3            | Medical and dental expenses   | 1<br>2<br>3    |                |
| Medic<br>De               | Exp        | 5            | deductible medical and dental expense subject to 7.5% of Montana AGI  |                | 4<br>5<br>6    |
|                           |            |              | Complete lines 7a through 7d reporting your total federal income tax payments made completing line 7e   |                |                |
| u Paid                    |            | 7b<br>7c     | Federal income tax withheld in 2006   | 7a<br>7b<br>7c |                |
| Taxes You Paid            |            | 7d<br>7e     | Other back year federal income taxes paid in 2006   | 7d             | 7e             |
| -                         |            | 8<br>9<br>10 | Real estate taxes paid in 2006  |                | 8<br>9<br>10   |
| Interest                  | ou Faid    | 11<br>12     | Home mortgage interest and points reported to you on federal Form 1098  |                | 11<br>12       |
|                           | <u> </u>   | 13<br>14     | Points not reported to you on federal Form 1098   |                | 13<br>14       |
| Gifts                     |            | 16<br>17     | Contributions made by cash or check during 2006.  Contributions made other than by cash or check.  Contribution carryover from the prior year.  |                | 15<br>16<br>17 |
|                           |            | 18<br>19     | Child and dependent care expenses. Attach Montana Form 2441M  |                | 18<br>19       |
| ises and                  | S          |              | Unreimbursed employee business expenses. Attach federal Form 2106 or 2106 Z  Other expenses. List type and amount:  | 20<br>21       |                |
| xpenses<br>Miscella       | Deductions | 23           | Add lines 20 and 21 and enter the result here  Enter the amount on Form 2M, line 35 here  Multiply line 23 by .02 (2%) and enter the result here  | 22<br>23<br>24 |                |
| Job Expen<br>Certain Misc | ŏ          | 26           | Subtract line 24 from line 22 and enter the result here, but not less than zero   |                | 25<br>26<br>27 |
| Total Itemized            | ctions     | 28           | Add lines 4 through 6; 7e through 19; and 25 through 27 and enter the result here  If the amount on Form 2M, line 36 is more than \$150,000 your deductions may be limited. Complete the itemized deduction Worksheet VI, found on page ?? of the Form 2M instruction booklet and then continue to line 29; otherwise, go to line 30 below. |                | 28             |
| Total It                  | Dedu       | 29           | Enter the amount from the itemized deduction Worksheet VI, line 9. <b>This is the amount of your non-allowed itemized deductions</b>  |                | 29             |
|                           |            | 30           | These are your allowable itemized deductions  |                | 30             |

## Schedule II: Montana Tax Credits Enter on the corresponding line your Montana tax credits. File Schedule II with your Montana Form 2M. Nonrefundable credits that are single-year credits and HAVE NO carryover provision. Nonrefundable Single-year 1 College contribution credit. Attach Form CC...... 1 2 2 Energy conservation installation credit. Attach Form ENRG-C..... 3 3 Elderly care credit. Attach Form ECC..... 4 4 Developmental disability account contribution credit..... 5 Add lines 1 through 4 and enter the result here and on Form 2M, line 44. These are your total nonrefundable single-year credits..... 5 Carryover Credits Nonrefundable credits that **HAVE** a carryover provision that allows you to carry forward Nonrefundable the unused portion of your credit to future tax years. 6 Alternative energy systems credit. Attach Form ENRG-B. Attach Form ENRG-B and enter the amount on Form 2M, line 45. This is your total nonrefundable carryover 6 Refundable credit that is applied against your income tax liability with any remaining Refundable balance refunded to you. 7 Elderly homeowner/renter credit. Attach Form 2EC and enter the amount on Form 2M, line 51 This is your elderly homeowner/renter credit..... 7

We have listed 6 credits that can be used when filing Montana Form 2M however the Montana legislature has authorized 27 different income tax credits. See Montana Form 2, Schedule V for a list and description of these 27 tax credits that are available. If you are eligible for any of the other credits not listed above, you will have to file Montana Form 2 instead of Form 2M.

## **Montana Tax Credits**

There are three categories of credits available to you on your Montana individual income tax return. With the exception of the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2M, line 42) you are not required to apply any of these 6 tax credits against your income tax liability in any particular order.

 Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2006 resident tax after capital gains credit and cannot reduce your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2006 income tax liability are lost and are unable to be used in future years.

- Nonrefundable carryover credit. Your nonrefundable carryover credit can be used to offset your 2006 resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credit that is not applied against your 2006 income tax liability can be carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable elderly homeowner/renter credit is applied against your income tax liability with any unused credit refunded to you.